

**AGENCY LICENSE
AMENDMENT FORM 9002A**

Name of Agency _____

Agency License Number

Agency Telephone Number

Please add the following name(s) to the above agency license. (See Note below)

Name of agent and/or broker

Social Security #

Name of agent and/or broker

Social Security #

Please delete the following name(s) from the above agency license.

Name of agent and/or broker

Social Security #

Name of agent and/or broker

Social Security #

The designated agents or brokers for the agency shall have full responsibility for the conduct of all business transactions of the insurance agency within the state relative to insurance. Such designated agent or broker shall be either an officer or a member of the agency and shall have either (1) more than a nominal financial interest in the agency or (2) be an active participant in the management of the agency. Any individual associated with a licensed agency who solicits insurance shall be a licensed agent or broker. No agency shall pay any commission to anyone other than a licensed agent or broker and no licensed agent or broker shall assign any commissions to any unlicensed agency.

If adding a name to the agency license the new designated agent and/or broker must sign below and the form must be executed by a notary.

sign here _____.

sign here _____.

Subscribed to in my presence and duly sworn this _____ day of _____, 19____.

State of _____ County of _____.

Notary Public

NOTE: NO MORE THAN FOUR (4) LICENSED AGENTS/BROKERS MAY BE DESIGNATED FOR AN AGENCY.

NOTE: IF YOU WISH A COPY OF THE AMENDED LICENSE, A CHECK IN THE AMOUNT OF \$5.00 MUST BE SUBMITTED WITH THIS FORM.